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					COVER DAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 46	¹ 460
Cover Page	Statement covers period 69/23/2018 10/20/2018 through	Date of election if applicable: (Month, Day, Year) 11/06/2018		Page 1	1 of 21 For Official Use Only
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4 X Officeholder, Candidate Election Committee State Candidate Election Committee State Candidate Election Committee Also Complete Part 5) General Purpose Committee Sponsored Also Complete Part 6) Also Complete Part 6) Also Complete Part 7) Also Complete Part 7) Also Complete Part 7)	iftees – Complete Parts 1, 2, 3, and 4 Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Also file a Form 410 Termination) X Amendment (Explain Below) Includes payment of \$1200 made to American General Media.	D Quarterly Special C n) o American General Media.	Statement Odd-Year Report	28 JAN 2019 FM12:11
3. Committee Information	I,D, NUMBER 1407086	Treasurer(s)			
		NAME OF TREASURER			
Gloria Soto for Santa Maria City Council District 3 2018	oil District 3 2018	Montica Intaglierta Malling ADDRESS 226 East Canon Perdido Street #D			
STREET ADDRESS (NO P.O. BOX) 818 Dante Drive		CITY CODE/PHONE Santa Barbara, CA 93101	STATE	ZIP CODE 805	AREA 8057090595
CITY CODE/PHONE Santa Maria, CA 93458	STATE ZIP CODE A	AREA NAME OF ASSISTANT TREASURER, IF ANY Juan Pablo Anguiano	W		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	TOR P.O. BOX	MAILING ADDRESS			
PO Box 5252		206 North Curryer Street			
CITY CODE/PHONE Santa Maria, CA 93456	STATE ZIP CODE	AREA CODE/PHONE CA 93458 Santa Maria, CA 93458	STATE	ZIP CODE	AREA
OPTIONAL: FAX / E-MAIL ADDRESS monica@cicsb.com		OPTIONAL: FAX / E-MAIL ADDRESS monica@cicsb.com			
		>			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and cornect.

Executed on	01/25/2019	Hw Monice Inhaglietta
	DATE	Signature of Treaturer or Assistant reasurer
Executed on	01/25/2019	Gloria Soto
	DATE	Signature of Controlling Officeholder, Candidate, Strate Measure Roponent or Responsible Officer of Sponsor
Executed on	DATE	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on		By
	DATE	Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

N N N	ORNIA RM	460	21
			Page 2 of

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Gloria Soto				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	PPLICABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT
City Council Member City of Santa Maria	3			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP			
818 W Dante Drive Santa Maria, CA 93458	A 93458	Identify the controlling officeholder, ca	Identify the controlling officeholder, candidate, or state measure proponent, if any.	any.
Related Committees Not Included in this Statement: List any committees	nmittees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NENT	
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy	ned to receive contributions	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List na officeholder(s) or candidate(s) for which this committee is primarily formed.	cholder Committee List names of sis committee is primarily formed.	
COMMITTEE ADDRESS (NO P.O. BOX)	(xos	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE Z	ZIP CODE AREA	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	J OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?			OPPOSE
	□ YES □ NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS (NO P.O. BOX)	3OX)			OPPOSE
CITY STATE CODE/PHONE	ZIP CODE AREA			

SUMMARY PAGE 7 Calendar Year Summary for Candidates 8 8 7/1 to Date Running in Both the State Primary and Expenditures Limit Summary for State Total to Date Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) ਰ CALIFORNIA 1407086 FORM ന .D. NUMBER Page __ 1/1 through 6/30 0. 8 General Elections Date of Election (mm/dd/yy) Statement covers period 09/23/2018 10/20/2018 20. Contributions 21. Expenditures Made Candidates Received through previous period amounts. If amounts in Column A may this is the first report being filed for this calendar year, should be subtracted from from of your last report. Some amounts from Column B add amounts in Column be negative figures that To calculate Column B, A to the corresponding Column B
CALENDAR YEAR
TOTAL TO DATE 16,225.49 16,225.49 32,884.00 32,884.00 16,225,49 32,384.00 500.00 8 8 8 8 Amounts may be rounded to whole dollars. TOTAL THIS PERIOD (PROM ATTACHED SCHEDULES) 15,230.00 16,683.61 Column A 15,230.00 8,128.26 6,674.65 15,230.00 15,230.00 6,674.65 6,674.65 6,674.65 8 8 8 8 8 8 မာ Add Lines 3 + 4 \$ 1. Monetary Contributions Schedule A, Line 3 Schedule C, Line 3 Loans Received 12. Beginning Cash Balance Previous Summary Page, Line 16 14. Miscellaneous Increases to Cash Schedule I, Line 4 Add Lines 12 + 13 + 14, then subtract Line 15 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustmentschedule C, Line 3 Add Lines 8 + 9 + 10 4. Nonmonetary Confributions Gloria Soto for Santa Maria City Council District 3 2018 If this is a termination statement, Line 16 must be zero. TOTAL CONTRIBUTIONS RECEIVED. Campaign Disclosure Statement SUBTOTAL CASH CONTRIBUTIONS. TOTAL EXPENDITURES MADE. **ENDING CASH BALANCE** Current Cash Statement Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Expenditures Made** Summary Page

<u>დ</u>

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

*Amounts in this section may be different from amounts

reported in Column B.

only carry over the amounts

from Lines 2, 7, and 9 (if

any).

8

Schedule B, Line 2

17. LOAN GUARANTEES RECEIVED.

6.

500.00 8

4

Outstanding Debts Add Line 2 + Line 9 in Column B above

18. Cash Equivalents See instructions on reverse

Cash Equivalents and Outstanding Debts

www.fppc.ca.gov

NAME OF FILER		O'I	I.D. NUMBER
Gloria Soto for Santa I	Gloria Soto for Santa Maria City Council District 3 2018		1407086
FORM	REFERENCE	NOTES	
CA 460	Cover		

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A

from _

CALIFORNIA LE _ of _21 Page 4

through

09/23/2018 10/20/2018

SEE INSTRICTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER
Gloria Soto for Santa Maria City Council District 3 2018			1407086
ELILINAME STREET ADDRESS AND ZID CODE OF	IF INDIVIDUAL, ENTER	TA II MI IS	IMI I ATIVE TO DATE

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Georgette Sims Moten	QN IN	Executive Director	100,00	100.00	
09/23/2018	Santa Barbara, CA 93111	COM OTH TO SCC	First 5			
	Capitol Realty Investments	SI C		2,000.00	2,000.00	
09/24/2018	Santa Maria, CA 93454	DE COM				
	Jill Dexter	QN X	Retired	100.00	100.00	
09/24/2018	Santa Barbara, CA 93110	SC TH COM	Retired			
	Democratic Women Of Santa Barbara County 901 Via Rosita	ON DE		1,500.00	1,500.00	
09/26/2018	Santa Barbara, CA 93110	IDDI H YT				

	Democratic Women Of Santa Barbara County			1,500.00	1,500.00	
8100/26/200	מס אום ורסוים	₩ 05 05 05 05 05 05 05 05 05 05 05 05 05				
202020	Santa Barbara, CA 93110					
	ID: 743656	scc				
	Katalina Navarro	QNI 🔯	Health Education and Community	100.00	100.00	
	12404 W Telegraph Rd	W CO □	Planned Parenthood			
10/02/2018	Santa Paula, CA 93060					
		soc				

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www.fppc.ca.gov

3,800.00

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period 09/23/2018 from

_ of _21 Page 5

CALIFORNIA 46(

1407086

10/20/2018

through

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Gloria Soto	Gloria Soto for Santa Maria City Council District 3 2018					1407086
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	CONTRIBUTOR	CONTRIBUTOR OCCUPATION AND EMPLOYER CODE (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DA (IF REQUIRED)
	Luis Felipe Hernandez	QN XI	Owner	100.00	100.00	
4000/07/B			HBS & Income Tax			

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Luis Felipe Hernandez 2250 Simal Ave	SI N	Owner	100.00	100.00	
10/03/2018	Santa Maria, CA 93458	□□□□ SCC	HBS & Income Tax			
	Ronald Faas 1850 F Clark Aue	ON INC	Not employed	100.00	100.00	
10/05/2018	Santa Maria, CA 93455-7520	□□□□ SCT + CO	Not employed			
	Rosemary Remacle	ON INC	Retired	100.00	100.00	
10/08/2018	Nipomo, CA 93444		Retired			
	Central Coast Labor Council 816 Camarillo Springs Road	ON COM		1,000.00	1,000.00	
10/09/2018	Camarillo, CA 93012 ID: 890222					
	SEIU Local 620 350 S Hope Ave			2,000.00	2,000.00	
10/09/2018	Santa Barbara, CA 93105 ID: 881199				+	

FPPC Form 460 (Jan/2016)	FPPC Advice: advice@fppc.ca.gov (866/275-3772)	www.fppc.ca.gov
	FPPC	

3,300.00

Schedule A Monetary Contributions Received

LD NUMBER	
Page 6 of 21	through 10/20/2018
FORM 400	from 09/23/2018
CALIFORNIA	to whole dollars. Statement covers period
SCHEDULE A	Amounts may be rounded

1407086 IF INDIVIDUAL, ENTER Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PER ELECTION TO DATE (IF REQUIRED)										
CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC. 31)	1,000.00		250.00		500,00		750.00		250.00	
AMOUNT RECEIVED THIS PERIOD	1,000.00		250.00		250.00		250.00		250.00	
IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)							Leadership Development	Leading From Within	Retired	Retired
CONTRIBUTOR		MUDU SCTT S SCC	QNI D			SC PTH	ON N	COM OTH SCC	ND ND	SCC SCC
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	United Domestic Workers of America Action Fund 555 Captiol Mall #400	Sacramento, CA 95814 ID: 1302384	Das Williams for Supervisor 1787 Tribute Road	Sacramento, CA 95815 ID: 1376702	James Kyriaco for Goleta City Council 226 East Canon Perdido Street #D	Santa Barbara, CA 93101 ID: 1401816	Ken Saxon 1857 El se Timas Bd	Santa Barbara, CA 93103-1743	Connie Ford 1812 Berteilev Wav	Santa Maria, CA 93454-1589
DATE		10/09/2018		10/10/2018		10/10/2018		10/10/2018		10/11/2018

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2,000.00

Gloria Soto for Santa Maria City Council District 3 2018

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded

Statement covers period 09/23/2018 from

of 21 1407086 Page 7

SCHEDULE A

10/20/2018

through

CALIFORNIA I.D. NUMBER

Parinal of fall malina	to whole dollars.	

PER ELECTION TO DATE (IF REQUIRED)										
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	250.00		1,000.00		1,000.00		100.00		100.00	
AMOUNT RECEIVED THIS PERIOD	250.00		1,000.00		1,000.00		100.00		100.00	
IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	Co-Founder	Miramar Systems	Construction	A.J. Diani Construction Co			Retired	Retired	VP of Health Center Operations	Planned Parenthood
CONTRIBUTOR	QN X	COM OTH SCC		MH Z S S S S S S S S S S S S S S S S S S		SCC	QN X	OCTH SCC	QN XI	COM C P T T S
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Neal Rabin	Santa Barbara, CA 93110	James Diani 1990 Exvenuend Drive	Santa Maria, CA 93455	IBEW PAC Educational Fund 900 7th Street Northwest	Washington, DC 20001 ID: C00027342	Carolyn Randolph 435 Deen Bohles Drive	Santa Barbara, CA 93108	Elva Chavez	Summerland, CA 93067
DATE		10/11/2018		10/16/2018	3	10/16/2018		10/16/2018		10/17/2018

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

2,450.00

Amounts may be rounded to whole dollars.

SCHEDULE A . of 21 · CALIFORNIA 1407086 FORM 00 I.D. NUMBER Page __ Statement covers period 09/23/2018 10/20/2018 through from Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PER ELECTION TO DATE (IF REQUIRED)										
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	100.00		100.00		500.00		2,500.00		100.00	
AMOUNT RECEIVED THIS PERIOD	100.00		100.00		200.00		2,500.00		100.00	
IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	Retired	Retired	Chief investigator	SB County Public Defender	President	Fielding			Regional Coordinator	
CONTRIBUTOR	QN XI	OTH COM	QNI	SC P P C C C C C C C C C C C C C C C C C	QN N	N H ∠ SCC		SCC O	IND COM	H ∠ S S S S S S S S S S S S S S S S S S
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Franca Lockard	Santa Maria, CA 93455-3016	Lawanda Lyons-Pruitt	Santa Maria, CA 93454	Katrina Rogers ARDR Vizi Lee Cantae	Santa Barbara, CA 93111	Laborers Local 220 Political Action Committee 555 Captrol Mail #400	Sacramento, CA 95814 ID: 1237416	Liang Akemy Bon Flores 165 North 5th Streat #110	Port Hueneme, CA 93041
DATE		10/17/2018		10/17/2018		10/17/2018		10/18/2018		10/20/2018

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

3,300.00

Amounts may be rounded to whole dollars.

L	Ototom	boiles stowed me	SCHEDULE A
	Oralella	Statement covers period	CALIFORNIA
	from	09/23/2018	FORM 400
	through	10/20/2018	Page 9 of 21
	D		
			I.D. NUMBER

PER ELECTION TO DATE (IF REQUIRED) 1407086 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 8 8 AMOUNT RECEIVED THIS PERIOD IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) CONTRIBUTOR □□⊠□□ SC Y T M SC Y T M O D D O S FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER DATE RECEIVED

Schedule A Summary

1. Amount received this period - itemized monetary contributions.	14.850.00	9
		IND - Individ
(Include all Schedule A Subtotals.)		COM - Reci

380.00 (/) 2. Amount received this period - unitemized monetary contributions of less than \$100 _

TOTAL \$ 15,230.00	atal monetary contributions received this period. Id Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) $_{-}$ $_{-$
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8

SUBTOTAL \$

all Contributor Committee OTH - Other (e.g., business entity) PTY - Political Party (other than PTY or SCC) Recipient Committee vidual

* Contributor Codes

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART ō CALIFORNIA 9 FORM Page Statement covers period 09/23/2018 10/20/2018 through from

7

DATE INCURRED (f) ORIGINAL AMOUNT OF LOAN 07/20/2018 500.00 I.D. NUMBER 63 % (e) INTEREST PAID THIS PERIOD 8 0.00 RATE 69 (d) OUTSTANDING BALANCE AT CLOSE OF THIS 500.00 DATE DUF PERIOD S (c) AMOUNT PAID OR FORGIVEN THIS PERIOD ** FORGIVEN 0. 00. PAID s 63 (b) AMOUNT RECEIVED THIS PERIOD 8 ÷ (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD 500,00 υĐ IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER Regional Development NAME OF BUSINESS) Planned Parenthood Gloria Soto for Santa Maria City Council District 3 2018 *X IND COM COTH PTY SCC ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FULL NAME, STREET ADDRESS AND SEE INSTRUCTIONS ON REVERSE NAME OF FILER Santa Maria, CA 93458 818 W Dante Drive Gloria Soto

(g) CUMULATIVE CONTRIBUTIONS TO DATE

1407086

PER ELECTION**

CALENDAR YEAR 500.00

Schedule B Summary

8 ₩ 1 1 (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period

ω. (Include loans paid by a third party that are also itemized on Schedule A.) 1 1 1 1 1 1 1 (Total Column (c) plus loans under \$100 paid or forgiven) 2. Loans paid or forgiven this period

NET \$ ĺ l ĵ Enter the net here and on the Summary Page, Column A, Line 2 3. Net change this period. (Subtract Line 2 from Line 1.)

	IND - Individual COM - Recipient Committee (other than PTY or SCC)
	OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee
8.	

(May be a negative number)

8

₩

500.00

49

0.00

69

8

SUBTOTALS \$

* Contributor Codes

8

	s forgiven or paid by another party also must be reported on Schedule A
--	---

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(Enter (e) on Schedule E, Line 3)

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Schedule B - Part 2 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2 7 Ġ FORM 7 Page — Statement covers period 09/23/2018 10/20/2018 through from

BALANCE OUTSTANDING TO DATE 1407086 CALENDAR DATE PER ELECTION (IF REQUIRED) CUMULATIVE TO DATE I.D. NUMBER AMOUNT GUARANTEED THIS PERIOD LENDER DATE LOAN IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CONTRIBUTOR CODE SCC SCM Gloria Soto for Santa Maria City Council District 3 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

SUBTOTAL

Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Co

Schedule C	Amounts may be rounded			SCHEDULE C
Nonmonetary Contributions Received	to whole dollars.	Statement covers period		VO V
		from 09/23/2018	8 - FORM - 400	400
		through 10/20/2018	8 Page 12 of 21	_ of _21
SEE INSTRUCTIONS ON REVERSE				
NAME OF FILER			I.D. NUMBER	
Gloria Soto for Santa Maria City Council District 3 2018			1407	1407086
SOURCE THERE IS NOT THE SOURCE OF THE SOURCE	IF INDIVIDUAL, ENTER		CLIMILI ATIVE TO	PER FI FCTION

Gloria Soto	Gloria Soto for Santa Maria City Council District 3 2018					1407086	980
DATE	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	CONTRIBUTOR OCCUPATION AND EMPLOYER CODE * (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH COTH SCC					
		IND COM OTH OTH SCC					
		OTH M					

Schedule C Summary		* Contributor Codes
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	1	IND - Individual COM - Recipient Cor
00.		other than P

00	2
	ge, Column A, Lines 4 and 10.) TOTA
3. Total nonmonetary contributions received this period.	(add Lines 1 and 2. Enter here and on the Summary Pa

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 _ _ _ _ _ _

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee mmittee

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CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) I.D. NUMBER Page -1407086 Statement covers period 09/23/2018 10/20/2018 AMOUNT THIS PERIOD through from DESCRIPTION (IF REQUIRED) Amounts may be rounded to whole dollars. TYPE OF PAYMENT Nonmonetary Contribution Monetary Contribution NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Gloria Soto for Santa Maria City Council District 3 2018 Candidates, Measures, and Committees Supporting/Opposing Other Summary of Expenditures Schedule D NAME OF FILER DATE

Independent

Oppose

Support

PER ELECTION TO DATE (IF REQUIRED)

SCHEDULE D

21

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5

SCHEDULE D SUMMARY

	SUBTOTAL \$
	3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)
8	
\$	2. Uniternized contributions and independent expenditures made this period of under \$100
8	this period (Include all Schedule Deubtotale)

Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E

7 ಠ CALIFORNI 4 FORM I.D. NUMBER Page _ Statement covers period 09/23/2018 10/20/2018 through

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

from

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications OFC office expenses CTB contribution (explain nonmonetary)* CMP campaign paraphernalia/misc. FIL candidate filing/ballot fees CNS campaign consultants CVC civic donations

PET petition circulating PHO phone banks

POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

IND independent expenditure supporting/opposing others (explain)*

FND fundraising events

LIT campaign literature and mailings

LEG legal defense

1407086

RAD radio arrime and production costs
RFD returned contributions
SAL campaign workers' salaries
1EL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Emerald Wave Media 718 East Chapel Street Santa Maria, CA 93454	CVC		150.00
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC		30.21
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC		19.41
Lowe's 935 E. Betteravia Road Senta Maria, CA 93454	OFC		116.92

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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316.54

Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E 7 ó CALIFORN 5 I.D. NUMBER Page _ Statement covers period 09/23/2018 10/20/2018

1407086 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. through from Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads MTG meetings and appearances MBR member communications OFC office expenses
PET petition circulating PHO phone banks IND independent expenditure supporting/opposing others (explain)* CTB contribution (explain nonmonetary)* LIT campaign literature and mailings CMP campaign paraphernalia/misc. FIL candidate filing/ballot fees CNS campaign consultants FND fundraising events CVC civic donations LEG legal defense

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
United Way Of Northern SB County 1660 South Broadway #201 Santa Maria, CA 93454	CVC			200.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			100.00
First Data 5565 Glenridge Connector NE Suite 2000 Atlanta, GA 30342	OFC			203.22
Alian Hancock College 800 South College Drive H102 Santa Maria, CA 93454	ΤΊ			374.53
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	on Schedule D.		SUBTOTAL \$	877.75

Payments Made Schedule E

Amounts may be rounded to whole dollars.

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SCHEDULE E

1407086 Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	oes the payment, you may enter the code. Otherwis∉	e, describe the payment.
CMP_campaign paraphernalia/misc.	MBR member communications	RAD radio airlime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airlime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS			1,125.00
Mail Manager 5124 Ralston Street Ventura, CA 93003	LIT			612.91
American General Media 2325 Skyway Drive Suite J Santa Maria, CA 93455	TEL			1,200.00
Ktas Telemundo 330 Carmen Lane Santa Maria, CA 93458	TEL			1,200.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	on Schedule D.	SUBTOTAL \$	TAL \$	4,137.91

Schedule E Payments Ma

Amounts may be rounded

SCHEDULE E

	Statement covers period	CALIFORNIA
	from 09/23/2018	FORM - 4
	10/20/2018	Page 17 of 2
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER		I.D. NUMBER
Gloria Soto for Santa Maria City Council District 3 2018		1407086

	s n costs als neals e same candidate/sponsor srnet, e-mail)	AMOUNT PAID	566.50
Otherwise, describe the payment.	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	DESCRIPTION OF PAYMENT	Digital Advertising
e payment, you may enter the code. (MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	CODE OR	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Hustle, Inc 343 Sansome Street #600 San Francisco, CA 94104

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5,898.70
2. Unitemized payments made this period of under \$100		775.95
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)—	\$\frac{\text{\tin}\text{\tetx{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tex{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\texit{\texi}\tint{\texi}\text{\texi}\tex{\texi}\tint{\texitit{\text{\texi}\text{\texi}\texit{\text{	00.
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	6,674.65
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	566.50

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Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

SCHEDULEF 7 ō CALIFORNI 2 Page . Statement covers period 09/23/2018 10/20/2018 through from

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) 1407086 SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals I.D. NUMBER RAD radio airtime and production costs RFD returned contributions (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. (b) AMOUNT INCURRED THIS PERIOD BEGINNING OF THIS PERIOD OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads (a) OUTSTANDING BALANCE MTG meetings and appearances MBR member communications CODE OR DESCRIPTION OF PAYMENT IND independent expenditure supporting/opposing others (explain)* Gloria Soto for Santa Maria City Council District 3 2018 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME AND ADDRESS OF CREDITOR CTB contribution (explain nonmonetary)*
CVC civic donations LEG legal defense LIT campaign literature and mailings CMP campaign paraphernalia/misc. SEE INSTRUCTIONS ON REVERSE FIL candidate filing/ballot fees CNS campaign consultants FND fundraising events

SCHEDULE F SUMMARY

8	
INCLIBRED TOTALS &	
	decided expenses of \$100 of Hote, pius total uniternized accided expenses under \$100.)

9	200
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)

rom Line 1. Enter the difference here and .)	endifures must also be SIBTOTALS \$ SIBTOTALS \$
or the Summary Page, Column A, Line 9.).	* Payments that are contributions or independent expenditures must

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SUBTOTALS

summarized on Schedule D.

Payments Made by an Agent or Independent Schedule G

Amounts may be rounded to whole dollars.

ਰੱ CALIFORNIA 19 L.D. NUMBER Page ... Statement covers period 09/23/2018 10/20/2018 through from

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1407086

SCHEDULE G

Gloria Soto for Santa Maria City Council District 3 2018 Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

RAD radio airtime and production costs

RFD returned contributions

MTG meetings and appearances MBR member communications OFC office expenses CTB contribution (explain nonmonetary)* CMP campaign paraphernalia/misc. CNS campaign consultants

PET petition circulating PHO phone banks

POL polling and survey research

IND independent expenditure supporting/opposing others (explain)*

FIL candidate filing/ballot fees

FND fundraising events CVC civic donations

LIT campaign literature and mailings

LEG legal defense

POS postage, delivery and messenger services PRO professional services (legal, accounting) print ads

SAL campaign workers' salaries
TEL tv. or cable airtime and production costs
TRC candidate travel, fodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

AMOUNT PAID DESCRIPTION OF PAYMENT OR CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FPPC Form 460 (Jarv2016) FPPC Form 460 (Jarv2016) FPPC Advice: advice@ftppc.ca.gov (866/275-3772)

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^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

^{**} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Loans Made to Others* Schedule H

Amounts may be rounded to whole dollars.

SCHEDULE H 21 ₽ CALIFORNIA 20 FORM Page _ Statement covers period 09/23/2018 10/20/2018 through from

PER ELECTION** 1407086 DATE INCURRED (f) ORIGINAL AMOUNT OF LOAN I.D. NUMBER မှာ် % (e) INTEREST RECEIVED RATE Ø (d) OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD DATE DUE 4 (c) REPAYMENT OR FORGIVENESS THIS PERIOD * FORGIVEN PAID П ↔ (b) AMOUNT LOANED THIS PERIOD ↔ (a) OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD 6 IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) Gloria Soto for Santa Maria City Council District 3 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

(g) CUMULATIVE LOANS TO DATE

CALENDAR YEAR

69 SUBTOTALS

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summarized on Schedule D. Loans forgiven must also be reported on Schedule E *Loans that are contributions to another candidate or committee must also be

Miscellaneous Increases to Cash Schedule I

Amounts may be rounded to whole dollars.

SCHEDULE

of O CALIFORNIA 7 Page _ Statement covers period 09/23/2018 10/20/2018 through Form

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AMOUNT OF INCREASE TO CASH

1407086

I.D. NUMBER

Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE RECEIVED

DESCRIPTION OF RECEIPT

Schedule I Summary

8 69 Itemized increases to cash this period. - - - -

8 2. Unitemized increases to cash of under \$100 this period. - - -

8 **\$** 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) -

TOTAL \$ 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) _ SUBTOTAL \$

00

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